INDUSTRIAL NURSE

Supplement to Industrial Medicine

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Industrial Nurse

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"What Are You Bringing?"

EVERY day, across the desk, over the phone, and through the mail come requests, demands and appeals for nursing positions in industry. Nurses who have been inactive for some time suddenly have a patriotic urge. They "just know" that, with the huge influx of workers into the manufacture of war products, there must be a great need for their services. Many of these nurses have served in institutions for years; few have had contact with the public in any manner except in the sick room. They have little or no knowledge as to the vastness of manufacturing problems today. Occupational disease hazards, prevention of accidents, absenteeism, nutrition are merely terms to them. They are only sure that they want a position, and that there must be hundreds of vacancies.

When one inquires as to their qualifications it is difficult to obtain a comprehensive or satisfactory answer. Only occasionally will anyone ask what she can do to prepare herself. The fact is that there are not as many vacancies in industrial nursing positions as might seem to be the case. There are, however, many places where the well-trained and well-qualified graduate nurse already employed in industry could supplement her usefulness by some of these nurses who do not now have the qualifications to become members of the first reserve in the American Red Cross. But before the majority of applicants can expect even such positions as these they should prepare themselves for them. This they can do by refresher courses, active participation in nursing association activities, public health nursing courses, lectures, and the reading of material pertinent to industrial health and safety so widely available today in many magazines. As to reading matter, there is much that will be helpful to aspirants for industrial nursing positions in these pages; and as to refresher courses, several that are now being conducted and will continue for some time are also outlined here.

This is not said to minimize the need for nursing service in industry. But it is said in order to magnify the need of bringing something to the job. What can be brought? Among other things, interest in people and the ability and desire to work with them, willingness to learn, a cheerful outlook, and an open mind. The nurse who will succeed in industry is the one who is willing to learn and who will learn. Industrial work is a magnificent educator.

It might be well, therefore, if the applicant for a nurse position in industry would first answer, in her own mind, the question that will be uppermost in the mind of each prospective employer: "What are you bringing to the job?" The better the answer, the more likely the employment.

The Nurse's Function

—Inside of Industry—

BETHEL McGRATH, R.N.,
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IN THE event my interpretation of the nurse's place in industry seems to cover too much territory I quote one of our good industrial physicians, a man of vision, possessed of a deep understanding of human nature and of the internal state of industry: "If ever there was a niche in industry carved especially for women it is that for the industrial nurse. I know of no job which so distinctly calls for womanly qualities, and which offers such advantageous opportunities for human contacts. . . . We are at the beginning of an era of social development in government and business, and the industrial nurse, if she is fully prepared to play her part and conscious of the demand and opportunities in this field, will find the scope of her duties widened and extended far beyond first aid." *If* we are "conscious" of the challenge, and "prepared" to meet it—there is the crux of the situation. Professional nurses entered the industrial world because closer attention was needed to minor accidents and quicker attention to serious ones, plus definite attention to better housekeeping in order to prevent both kinds. Beginning as a safety measure the service has expanded in many directions related to the general welfare of workers.

Large and prosperous organizations have installed physicians and extensive equipment, and the physicians direct the nurses under them. Such programs expand to the breadth of the doctor's vision. Small and less prosperous concerns, and those lacking the probability of frequent or serious accidents, have installed only nurses and depend upon them for many services vital to the health and morale of employees, services not listed in any nursing manual. Industrial health units continue to multiply throughout the country and any employer offering such a service, however humble, is to be commended. Valuable as the service is to him, *if well handled*, it is of greater value to the employee. Profit or loss to the employer in the matter is one of dollars, but to the individual employee it means assistance in safeguarding and prolonging the one life allotted to him on earth.

A nurse working alone in any organization without a physician in charge is in a difficult situation, but not a situation that needs to be unethical. First aid to accidents and emergency illness is performed *according to the standing orders of interested physicians.* No business or industrial concern is without the service of a physician in some capacity who is always glad to be consulted in emergencies not covered by these orders. Beyond this the nurse safeguards her professional integrity sufficiently by labeling her headquarters simply "Nurse's Office" and adhering to the label. If she is actually interested in her people, events and conditions affecting their lives will keep her busy, but not dispensing cures in bottles. Stuffing well people with highly advertised remedies could easily become a full-time job wherever a medicine cabinet abides, and is a temptation at times because it makes them happy. One is amazed at the amount and variety of stuff paid for and swallowed by well people to appease an aching void.

DAILY observation of the members of any large group over a period of years confirms the opinion that happy people have few "miseries." Those with the most persistent headaches, stomach aches, assorted pains and the ever popular "tired and run-down feeling" frequently have not achieved a happy balance in their private lives. This is not a reference to out and out neurotics who are not numerous in the working world since to be successful, or even hold a job, one must center on the job rather than one's internal dithers. But life is drab at times for most of us and a little ambulatory illness is diverting. Probably nowhere is the relationship between the abundant life and well bodies, or a meager outook and physical decline, so apparent as in a large group well enough for year round mployment working under similar conditions. Since the mere business of living causes so much distress, extensive medication of workers (whatever the arrangement for prescribing) is only taking an easy way around the real trouble. No nurse should feel apologetic because she has not medicine to give all comers upon request. That the law settles the matter for her is reason to be thankful. She has something of much greater value to give, her *time.* Professional training and experience in the art of human relations have prepared her to fill a very special need not related to internal medicine. Her *undivided attention* to each caller in turn is the most valuable contribution she can make to the employee and to the firm. Business and industry operate at a pace that leaves no time for anyone to sit back and listen to the average man and woman. To this may be traced a number of evils among us. To tell a tale through without interruption or seeing that the hearer is bored is a unique experience in the lives of troubled men and women both old and young. A hearing is the first step toward the cure of any ill, regardless of where the final step must be taken, and in many cases it is itself the cure.

The nurse working alone in an organization makes no attempt to usurp the place of the physician. Her position much more nearly parallels that of the mother in the home. She dresses injuries, warns against hazards, attempts good housekeeping against long odds, and is always available. She untangles trouble between members of the "family," begs them to eat something besides hot dogs, to smoke less, to sleep nights and wear clothes in winter. She does many things to avoid disappointment or embarrassment for them that they never know about. She figures budgets, helps them out of debt, is hurt by their failures, proud of their accomplishments, and misses them when they go away. She helps plan for new babies and then stands by through succeeding stages of teething, earache, inoculations, broken bones, adolescent verities, and finally secures loans for college tuition. She may be called out of bed at midnight to decide whether someone had better call the doctor right away or whether they can risk letting him sleep till daylight. She bails an occasional errant out of jail, and goes with frightened parents or children to talk things over with the judge when trouble has overtaken the family. She laughs with employees in their fun (and there is plenty of that) and sees them through tragic moments that are inevitable. She does everything she can to keep them well and when they develop symptoms she hustles them off to the doctor. Is there any other calling that more nearly resembles that of the mother of a very large and active family? It is a different kind of nursing from the one we have been taught, and more fascinating than anyone knows who has not spent years doing it.

Accustomed in hospitals to caring for the sick, the industrial nurse is now caring for the well and must develop skill in regarding them against factors which make them sick—and such factors are legion. Knowing that, in spite of precautions, sickness will take a certain toll, she must help provide reasonable security against such misfortune. There are several ways in which wage earners are guarded specifically against the loss of income and expense attendant upon illness.

The most important of these are: (1) a plan for hospital care which provides *generously* for practically any illness for a limited period of time; (2) a plan to provide income for the patient while sick; (3) a plan to provide extra funds at low interest which need not be repaid until the employee is well and working again. Practically all large business and industrial organizations make provision for each of these in some way. In heavy industry employing several thousand workers the nurses will have little to do with such plans, but in smaller organizations she can do much to help in their effective operation because no one else is in the strategic position which she is in to observe where their strength or weakness lies. In plants of 2,000 population and under, if employees are paying for group protection which does not protect in a show-down the nurse is somewhat to blame—though no one may ever guess it. No health program can be really effective without providing employees inexpensive access to the three named forms of coverage—many others can be added but these are essential. They give opportunity to the humblest worker to provide against emergencies on the self respecting basis of paying his own way, thus avoiding recourse to charity. Just the introduction of non-profit hospitalization plans alone in recent years has erased one of the major anxieties of the bread-winner's life, and is both directly (through more hospital care) and indirectly (through relieving fear) responsible for a higher level of health among workers, though we have no graphs to measure such gains.

THERE are two afflictions in the lives of workers that fall alike upon the joyous and the unglad. They cause greater time loss probably in one and two day periods than all other causes together. They are (1) colds and (2) short but violent gastric disturbances. The gastric attacks are frequently preceded or followed by upper respiratory infections, but in many instances they are not. For some reason the majority of such cases are called "stomach flu." Others prefer to call their experience "ptomaine poison." Anything goes, because it is only a rare case that is not self diagnosed. While the world waits for science to produce a cure for cancer and other lethal scourges the industrial nurse strains her eyes for a sign on the horizon of the miracle that will eradicate these two greatest wasters of time, energy, and comfort with which well people have to contend—"colds" and "stomach upsets."

The introduction of the nurse and her department to new employees is important in determining their use of the service offered. It has seemed good here (a store of 750 population) for the nurse to conduct a class in "Employee's Facilities" during the training of incoming workers. This hour is devoted to the introduction and discussion of the nurse's work, what to do and not to do in case of accident to themselves or to customers; our plans for hospitalization, sick benefits, group insurance and savings and loan are described, as well as our employees' cafeteria, our branch of the public library, and other facilities. Each member of the class is given a card and asked to call at the nurse's office later for a personal interview, at which time arrangement is made for a physical examination to be done at a doctor's office, not in the store. The employees are brand new and feeling strange when the nurse's first contact is made, and the class discussion strikes a friendly note that makes them feel this is a good place to work. Hesitation of timid or skeptical individuals to call at the office for dressings (or other reasons) is greatly minimized where the nurse goes out in this way to get acquainted with the employee instead of waiting for the necessity to send the employee to her.

The Importance of the Nurse in Industry

Management's Point of View

ALBERT SMITH,
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THE idea of engaging the services of a registered nurse as a full time employee of industry was at first looked upon by many employers as an unnecessary expense. Even today there are some employers who question the value or importance of the nurse in industry. However, today the nurse in industry is considered by most employers just as essential to the success of the concern as a first-class machinist. During the thirty-odd years that medical control and industrial nursing have been in operation they have proved to owners of manufacturing plants that without a doubt the doctor and nurse are two of the most valuable additions they have made to their staff of non-productive help.

What are some of the functions of an industrial nurse, and what is expected of her?

She should keep the rooms of the hospital department clean, well lighted and ventilated. She should see that the rooms are equipped with modern furniture and tools of her profession. These items are very important, because the patient must feel that he is being treated by a person who understands the value of cleanliness and is neat about her surroundings and is up to date with her implements. These help to give the employee confidence and encouragement.

The nurse should be a congenial person, always friendly and ready to welcome her patient with a cheery "Good morning" and "How are you?"

She should keep her own personal appearance neat and tidy and never allow her uniform to become soiled and wrinkled.

While on duty in the medical department of the plant she should be qualified to give immediate care to an injured employee, and while doing this she must never appear to be flustered or nervous, and should always have full control of the situation, regardless of its seriousness. The nurse must possess good judgment and must decide at a glance whether or not it is necessary to call a doctor. Her judgment must be keen as well as alert, and if she decides to handle the case herself, without the aid of a physician, she should know at once that she is capable of giving the patient all the required treatment. On the other hand she should not accept more responsibility than she is qualified for and thereby cause the patient unnecessary pain or loss of time and also the employee's loss of working hours to the employer.

The nurse should be able to prevent an injury or ailment from becoming more serious before the doctor arrives or the patient can reach a doctor. She should be able to carry out the instructions of the doctor, and apply bandages and redressings when needed.

She should be qualified to give advice to the employee as to whether he should see his family doctor at once or go home immediately and stay in bed until the doctor arrives. In many instances she can give sufficient treatment and a doctor may not be necessary. Here again is where her judgment must be depended upon. She is, of course, expected to assist the doctor in whatever way is required.

A foreman is expected to obtain a certain amount of production from the personnel of his department.

These articles constitute the lectures of the first evening, September 28, of the Symposium on Industrial Nursing, the full program of which appears on the following page.

When one or more of his men are away from the job because of illness or injury, the production falls off. The industrial nurse must keep this important point in mind when advising an employee. Many times it is evident that he will lose less time if he is sent home immediately and told to see a doctor. There have been instances where another week at home would be to the advantage of both employer and employee. Usually a decision of this kind can be left to the doctor, but sometimes the employee is anxious to return to work and a word of advice from the nurse will prove helpful.

Some employers expect the nurse to make frequent trips around the mill, always being on the alert for conditions which may cause accidents or illness. She should bring to the attention of the foremen any of these conditions, as well as keep the foremen advised at all times relative to the physical condition of the employees. She may have an opportunity to observe the physical fitness of an employee, either while passing through the department or when the employee visits her at the plant hospital.

The industrial nurse must be qualified to visit the homes of the employees, especially those who are away from work owing to injury or other illness. While in the home she should be observant and able to make suggestions without offense to the employee or members of his family.

The management expects the nurse to carry on a health program wherever and whenever she finds it needed, either in the factory, office, or in the home of the employee.

Usually one or more employees are confined to the hospital. The nurse must find time to visit these people and take with her at least good cheer if nothing else of more substantial nature is needed.

At Thanksgiving and Christmas most employers expect the nurse to prepare a list of families where a basket of groceries would be of benefit and would be welcomed and appreciated.

One of the more important functions of the nurse is to rehabilitate employees following an accident or serious illness. Many times the employee cannot return to his previous job, and it requires both tact and patience on the nurse's part to pursuade the foreman to allow the employee to return to work on a job other than his own until such time as he has fully recovered and is able to carry on as he did before the accident or illness. Often it is necessary for the nurse to use her persuasive powers without offending the employee to get him back on to his old job or one which she has been able to find for him. Occasionally it is even necessary for the nurse to arrange transportation for an employee.

Most employers today require all new employees to pass a physical examination. The industrial nurse must be able, willing, and qualified to assist the doctor in this routine matter.

IN ORDER to give you an idea of the amount of work done by the nurses in the medical department of a company which has had at least one, and most of the time two full-time registered nurses on its payroll for the past 25 years, I will quote a few figures taken from its records. In this company during the year 1941 there were 12,317 new cases treated by the nurses, in addition to 8,106 redressings. The analysis of these figures shows that

40% of the patients treated came to the hospital to receive treatment for colds, grippe, and other respiratory ailments;
20% came for treatment of sprains and strains;
8% to have foreign bodies removed from their eyes;
5% with burns, both mechanical and chemical;
1% for the removal of splinters;
1% were mill accidents of various types;
1% were fractures; and
24% were for miscellaneous ailments.

Plant production would have been reduced considerably and many man hours of work would have been lost if the nurses had not been on the job to give the workers immediate care or advice.

Symposium on Industrial Nursing

The Greater Boston Branch of New England Division American Association of Industrial Nurses

September 28, 1942

THE Importance of the Nurse in Industry:

(a) To Plant Production — ALBERT SMITH, Bird & Son, East Walpole, Massachusetts.

(b) From the Physician's Point of View —DR. LOUIS DANIELS, Medical Director, Hood Ruber Company.

(c) From the Employee's Point of View —ALFRED COULTHARD, Business Agent Electrical Industry Employee's Union.

October 5, 1942

THE Set-Up of an Industrial Medical Department: (a) Organization and Personnel. (b) Quarters and Equipment. (c) Professional Relationships. (d) Classifications of Industrial Physicians.

Full Time—Part Time—On Call

Program and Scope of Service: (a) Replacement and Periodic Physical Examinations. (b) Rehabilitation of the Injured Employee. (c) Absenteeism. (d) Non-Occupational Medical Problems: Respiratory Diseases; gastrointestinal; headaches; chronic diseases. DR. LOUIS DANIELS, Medical Director, Hood Rubber Co., Watertown, and DR. DANIEL L. LYNCH, Medical Director New England Tel. & Tel. Co., Boston.

October 19, 1942

THE Functions of the Nurse in Industry: Full Time Nursing Service—CATHERINE R. DEMPSEY, R.N., President, American Association of Industrial Nurses.

Part Time Nursing Service — RUTH WHEELER, R.N., Director, Visiting Nurse Association, Waltham, Massachusetts.

Community Resources and Relationships—MISS KATHERINE HARDWICK, Simmons School of Social Service.

October 26, 1942

LEGAL Aspects of Industrial Nursing: Standing orders; records and reports; compensation laws; labor laws.

Wages and Hours: Women and Children—DR. J. NEWTON SHIRLEY, Arrow Mutual Liability Insurance Company, and MR. JOHN CONNORS, Legal Department, Liberty Mutual Insurance Company.

November 2, 1942

NEW Problems in Industrial Hygiene: Special Problems of Women in Industry—DR. DONALD V. BAKER, Medical Director, Lever Bros.

Maintaining Physical Efficiency of Older Age Men—DR. THEODORE STORY, Medical Director, American Optical Co., Southbridge, Massachusetts.

November 9, 1942

HEALTH Education in Industry — MISS ELNA PERKINS, Educational Secretary, New England Health Association; Showing of film "Middletown Goes to War."

"Nutrition in Industry" — ROBERT H. HARRIS, Assistant Prof. Biologoy, M.I.T., Nutrition Committee in Industry, National Research Council.

November 16, 1942

TUBERCULOSIS in Industry — DR. ALTON S. POPE, Deputy Commissioner, Massachusetts Department of Public Health.

Mental Hygiene in Industry—DR. EDGAR YERBURY, Department Mental Health of Massachusetts.

November 23, 1942

INDUSTRIAL Accidents: Hand injuries; back injuries; head and eye injuries; hernia; sprains and strains. DR. HENRY MARBLE, Medical Director, and DR. WILLIAM A. BISHOP, Ass't. Medical Director, American Mutual Liability.

November 30, 1942

OCCUPATIONAL Diseases — DR. HALSTEAD MURRAY, Medical Director, Dennison Mfg. Co., Framingham, Massachusetts.

Industrial Dermatitis — DR. JOHN G. DOWNING, Dermatologist, Boston, Massachusetts.

December 7, 1942

OCCUPATIONAL Disease Prevention: Dust and chemical control; ventilation; medical aspects. MR. MANFRED BOWDITCH, Director, Division of Occupational Hygiene, Commonwealth of Massachusetts.

Industrial Hygiene: (a) Occupational Health Exposure. (b) Pathology and Toxicology. PROFESSOR PHILIP DRINKER, Harvard School of Public Health.

December 14, 1942

INDUSTRIAL Injuries: (a) Lacerations. (b) Puncture Wounds. (c) Fractures. (d) Burns. (e) Infections.

December 21, 1942

INDUSTRIAL Nursing in Government Plants — LIEUTENANT-COLONEL HENRY KEELEY, U. S. A., General Dispensary Headquarters, First Service Command.

In addition to the results which the nurse in industry can attain which are visible, there are many invisible ones which cannot be measured by dollars and cents, but rather by good will and improved morale of the employee. She will, if all of the previously mentioned duties are properly performed, help to keep the production of the plant nearer its maximum, and at the same time she will have proved to her employer the *Importance of the Nurse in Industry.*

Physician's Point of View

LOUIS R. DANIELS, M.D.,
Medical Director, Hood Rubber Co.,
Watertown, Massachusetts

THE industrial physician should know better than any other person the true value of the nurse in industry. If she is working under him, he knows that she can contribute more to the success of the medical program or even to his own personal success than any other person in the organization. This may sound a bit flattering, but it is not intended to be so. It is a statement of the facts.

In order to justify this evaluation of the nurse, let us first look at the history of the development of industrial medical practice. The nurse followed the first aider in industry and proved so conclusively to management the value of a well trained professional person that the old practice of using first aiders has been largely discontinued. This was the real beginning of many of our large industrial medical departments. The nurse prepared the way for the physician in most of the plants which now have industrial physicians.

Some of you may think that you were among the original group of pioneer industrial nurses, but you probably will not admit it when you learn that this field opened up as early as 1895.

According to Joanna M. Johnson, R.N., who apparently has delved into the history of industrial nursing, the Vermont Marble Works employed a nurse in 1895 to care for their sick employees and their employee's families. The reason for this was their concern about absenteeism. The nurse in this plant instituted a physical examination system and also did quite a bit of educational work along health lines.

In London, a chocolate company inaugurated industrial nursing service in 1897. In the same year, 1897, John Wanamaker's Store in New York employed a trained nurse. In 1899, the Loeser Department Store in Brooklyn engaged a nurse.

These few nurses, whose history Miss Johnson has uncovered, together with perhaps many others, were the real pioneers in industrial nursing.

To the industrialists who first employed these nurses, whether through shrewd business sense or through pure altruism or both, and to the nurses themselves, who were intelligent enough to see their opportunities, should be given credit for opening up the field of industrial nursing.

NOW to get to the specific value of the nurse in industry. It does not matter whether she is on part time or full time or whether she is directly responsible to the management or to the visiting or full time physician. She can be just as valuable under either set-up. This is a broad field and her value is limited only by her own personal qualifications. Every one of the objectives of a good industrial health program is to a great extent within the sphere of her influence.

Let us see what the objectives of a good health program are and then observe how the nurse fits into that plan.

There are three major requisites in running an industry: (1) money, (2) machines, (3) men.

Management's job is to provide these and see to it that each of these elements does its part of the job. Engineers can take care of the machines, but the medical department must take care of the men and women, at least, in so far as their physical ability to carry on is concerned.

The objectives of the medical program then are to see that the man power is physically fit when placed on the job and that it continues to keep fit.

This plan can be carried out in all plants from the smallest to the largest and in the smaller ones, a nurse or two can very well do most of the things required to attain these objectives. You and I know nurses who are doing this whole job, and doing it well.

Physical examination of applicants for jobs which will eliminate the more serious defects can be done by the nurse. This would not, of course, be a complete physical examination, but is of great value to the applicant and to the employer as well. She can help the below-par individual to obtain the proper medical care for his defects and see that he gets into the hands of the best doctors, clinics, or hospitals. She can prevent him from getting into the hands of the quacks and charlatans, who sometimes seem to have a greater appeal for average workers than men of greater ability.

These examinations, whether briefly done by the nurse or more completely done by the doctor, have one other important value which is sometimes overlooked. The examination is the employee's introduction to the plant medical department, and the impression made upon him at that time by the nurse may largely determine what future use the employee will make of the nurse's services, and her value will be in direct proportion.

Inspection of the plant with an eye to proper sanitation, adequate lighting and ventilation, and elimination of hazards to health, in the form of dangerous operations, can very well be a function of the nurse, where an industrial physician is not in attendance.

The greatest part of the industrial nurse's job is in the operation of the clinic, whether it be merely for the first aid care of industrial injuries or for any sort of first aid or consulting service. The nurse in caring for an employee's ills gets much closer to that individual than any other person can, and, by that very fact, she has become invaluable to him as well as to the company. When she has won the confidence and respect of the employees, her opportunities for service will then become unlimited. Care of their minor disabilities and wise guidance in their medical and even some of their more serious personal problems then becomes an everyday routine for that nurse. In this field alone the industrial nurse assumes a role of great value to the industry. She is doing the job of maintenance on manpower just as the engineer does his maintenance job on the machinery. In this way, the nurse in industry also contributes a great deal to the general community health program just as the public health nurse is doing.

In some plants where more extensive medical work is done with both full time nurses and full time physicians, the nurse may be pretty well confined to clinic work alone. This routine work in the clinic, however, is the fundamental part of the industrial medical job and her value to the whole program is not lessened by her confinement to the clinic. She can still be a nurse, personnel worker, safety worker, nutritionist, counselor and guide without moving out of her little corner of the plant.

The routine care of the injuries under standing

orders from the visiting physician needs to be mentioned only in passing. The function of the industrial nurse in itself pays her way.

Another valuable contribution which the industrial nurse makes is in the home visits to absentees. Most industries who make a practice of such absentee investigation, employ nurses for the purpose because of their superior training and ability to get along with people. The contacts made by her during these visits afford excellent opportunities for good public health education, not only of the employee, but of his family as well.

When a nurse enters the field of industrial practice, she uses first of all one of the great lessons she has learned in her hospital training,—tact. No two doctors think alike, as well you know, and there is a good reason for this. Medicine has not become an exact science and may never become so. It is an art, and every doctor is an artist no matter how inferior or how superior his artistry may be. I don't need to tell you that, for you already know it, but I mention it because it has a definite bearing on your success in industrial work.

You tactfully carry on your job assisting the doctor, and if he is a visiting or part time man, he may not see the entire industrial picture as you do. You can do a real job in selling him the whole program and in raising the standard of industrial medical practice in your plant.

Another spot which you can fill in the clinic, one which may be weak, is in the business end of the medical department.

Doctors have the reputation of being poor business men. I do not agree that this is essentially true. It is due to the fact that the doctor is too busy practicing his art to get down to the field of business. The full time industrial physician, as a rule, has learned business methods and in many instances, has become an excellent organizer and executive.

If you are working with a doctor who gives only a small part of his time to industrial work, you may be working with a man who is purely a physician and not a business man. Nurses, as a rule, seem to have a reasonably keen sense, and, if you are one of those, you can contribute what the doctor may lack in bringing business efficiency to your medical department.

You may be quite sure that you, as a nurse, will not waste your talents in industry. The opportunities for individual expression in the practice of your art are legion, whether you work alone or with other nurses and doctors. The doctor in industry will be right with you all of the way to see that you have the opportunity to make yourself as valuable as we believe you to be, and when I say all of these things about you, I am sure that I voice the opinion of every other industrial physician who has a clear conception of the objectives of industrial medicine.

Employees' Point of View

ALFRED COULTHARD,
Business Agent Local 201,
Electrical Industry Employees' Union, CIO

THE ideal attitude of the industrial nurse would be to practice the love and interest of a sister and give the care of a mother.

On the assumption that people are rather demanding when not feeling well, the tolerance they require only a mother could give.

While the industrial nurse should preach and practice safety first at all times, and encourage the employees to request treatment for every injury or sickness, however minor, they should be careful not to encourage management to penalize those who do so as laggards or weaklings.

At no time should a record of dispensary attendance be produced, to prove a point of a man being an unsatisfactory employee. Better to accept the odd case of overdoing it, in order to maintain interest in the protection of health.

The questions listed below were presented to a group of female employees who are members of a class for union leadership, and after a discussion, the following summarized the answers that were given to each question and comment:

1. *What type of person do employees like for their industrial nurses?*

All the workers agreed they liked a nurse who was friendly, and who did not look down on workers; who was sympathetic and interested in their problems.

2. *What do employees expect from their nurse; that is, what are the little things that appeal to various individuals?*

Everyone answered without hesitation that the most important thing expected is for the nurse to know her job. Carefulness and consideration are the qualities which appeal to most individuals. Unfortunately a few cases were cited of nurses who through lack of knowledge, haste or carelessness had caused real pain.

Because the workers take production very seriously and are anxious to give all their time to increasing the output of the things they work on, they appreciate efficiency on the part of the nurses in performing their job, more than any other quality.

3. *What are some things that industrial nurses could do that they do not do to help employees more in many ways?*

The chief thing mentioned was care and consideration in the treatments. Rough treatment, due to haste or lack of consideration, was the factor which most workers criticized. If the nurse takes an interest in each worker as an individual human being, the work is appreciated far more, the treatment is better, and the worker is aided best in going back to the job of production.

The nurse could also use more initiative as regards individual worker's health, since the winning of the war depends upon maintaining the good health and ability to work of our production employees.

4. *What are some of the criticisms you hear about some nurses in industry?*

The chief criticisms we heard are already mentioned. To sum them up they are the following:

(a) The nurses sometimes do not perform their jobs properly.

(b) Rough treatment is used.

(c) Care and consideration are not used.

(d) The nurse does not indicate any interest in or sympathy for the individual worker.

(These criticisms are not meant to indicate that the workers feel that all industrial nurses share these faults. The cases listed were considered the exception, not the rule.)

5. *What are some of the things employees do not like about industrial nurses?*

I believe that the criticisms cited above are the things employees do not like. The attitude toward the nurse is one of great respect. Workers consider that the nurses are also doing their jobs as workers. They do not expect miracles or demand all types of extra services. All they ask is that the particular job of the nurse be done well and efficiently, with consideration for her fellow human beings.

Industrial Nursing Meeting

—Thirty-First National Safety Congress—

VICTORIA C. STRALKO, R. N.,
Chicago

MISS JOANNA M. JOHNSON, Supervisor of Industrial Nurses of Employers Mutuals, opened the meeting Wednesday afternoon, October 28, by presenting MRS. MARION C. BRITTINGHAM who read a paper on

selling the nursing program to management, supervisors and workers. MRS. BRITTINGHAM'S paper will appear in the December issue.

DR. FREDERICK W. SLOBE, of Chicago, spoke on "What the Industrial Nurse Needs to Know About Hand and Foot Injuries." DR. SLOBE pointed out that the scarcity of physicians now, and for the duration of the war, places upon the nurses a greater responsibility. He considered injuries of the hands and feet most common; and the nurse must make every effort to prepare herself to handle them wisely. A careful, complete and accurate history should be taken on all hand and foot injuries to facilitate accurate diagnosis and treatment. The importance of accurate histories cannot be overstressed, not only for diagnosis and treatment of cases, but also for the ultimate settlement of claims. The nurse owes it to herself, to her employer and to the employee to give histories of accidents their due consideration, and not to neglect them because of the rush of work.

Tendon injuries, particularly those associated with minor lacerations, or partially lacerated tendons, also need careful observation and emergency treatment by the nurse. All pains should be taken to see that tendon wounds receive proper care.

DR. SLOBE also pointed out the importance of taking care of injuries immediately, and the necessity of cleansing wounds thoroughly with soap and water. He used his favorite phrase that "a wound taken care of within the first 10 minutes is better than the wound taken care of within the next 10 minutes, etc." An antiseptic if strong enough to kill bacteria will also be strong enough to injure the skin, and must be used cautiously. Instilling a few drops of antiseptic into a wound helps the patient psychologically, but the proper cleansing with soap and water, technically, is all that is needed.

Don't "monkey" with wounds that are going to the hospital or doctor. Cover with sterile dry dressing and let the physician do the rest. Bleeding of hands and feet may be stopped by simple pressure, and a sponge of fluffy gauze will serve the purpose in the majority of hand and foot injuries.

Be careful in using a tourniquet. The greatest harm that a tourniquet can do is to cause a nerve injury. The after-care of a nerve injury frequently requires a six-month period for recovery, and this is very often greater than the original injury. An elastic band is an excellent tourniquet for a lacerated finger.

As to burns—treat them as you would a wound, cleanse them properly and the danger of infection is minimized. There are three important principles in the treatment of injuries which will minimize infections and result in a smooth clean scar: first, cleanse the wound thoroughly; second, use clean material; third, keep the wound clean.

DR. FLORENCE MC INNIS, of the Department of Public Health, Milwaukee, spoke on "What the Industrial Nurse Can Do about Tuberculosis." DR. MCINNIS pointed out that the war brings unusual problems to the nurse in industry, particularly in the field of tuberculosis. War always brings rises in the tuberculosis rate. These rates are found higher in industry during a war because those men that are rejected by the Army seek, and frequently obtain, employment in industry, and nurses must be constantly on the alert to detect the tuberculous among them. There are five principles for detecting tuberculosis: (1) history of contact; (2) tuberculin skin tests; (3) chest x-ray; (4) careful examination of the chest; and (5) laboratory tests.

Patients with a history of contact, or positive skin reaction, should be examined frequently, and watched closely by the attending plant physician and nurses. Periodic examinations should be made every six months on those employees who are tuberculin tested negative on employment; and annually on employees who are tuberculin tested positive on employment where x-rays reveal no evidence of infection. On those who have a past history of tuberculosis and are arrested, examination should be done as necessary.

Industry is in position to do more for the tuberculous patient than any other agency, and the alert industrial nurse can do much in reporting those who need attention.

MRS. CHRISTIAN SEABROOK presided at the luncheon meeting on Thursday, October 29, which was very well attended by a large group of the nurses who were attending the first annual of the Safety Congress. Most of the nurses at this meeting were those who have more recently come into the field, and they showed a great deal of enthusiasm, asked many questions, and continued the discussion long after the time limit was called. Although we missed many of the old faces, we were gratified with the response of the younger nurses.

THE afternoon session on Thursday, was conducted in the form of a round table, on industrial health problems, and brought out the most enthusiastic reply from the nurses. There were many questions, many comments and many discussions. I shall attempt to give only a brief summary; but from the discussion it was quite obvious that the new nurses in the field are very much in need of further education and advice on industrial nursing.

Before the discussion began, MISS OLIVE WHITLOCK, of the U. S. Public Health Service, gave a brief resume of Nursing in Industry—what the nurses are doing, and what they expect to do. It was interesting to note that there had been an increase of 31% of industrial nurses employed since 1940; 19% began since 1935; only 7% of industrial nurses were employed before 1915. MISS WHITLOCK has estimated that there are about 8,000 industrial nurses in the United States today. Her report will be published in pamphlet form very soon, and will be available for distribution.

The discussion was begun with the question of what provisions are being made for covering the 4:00 to 12:00 and 12:00 to 8:00 shifts in different industries. Because of the shortage of nurses, will industries have to eliminate nurses from their 4:00 to 12:00 and 12:00 to 8:00 shifts?

The U. S. Public Health Service has recommended that, because of the shortage of physicians owing to their being taken into the Army, the nurses must assume a greater responsibility. Nurses will be permitted to remain in industry. In many instances medical students are covering the 4:00 to 12:00 shift. In other instances, nurses aides, who have had some training in nursing, are covering the odd shifts; and in still other instances some worker in the plant who has had first aid, after adequate supervision by the nurse and adequate instruction, assumes responsibility for night service.

Again the question was brought out—the old standby—who is responsible for standing orders, and are standing orders necessary? Standing orders are absolutely necessary, and no good nurse will continue to work indefinitely without complete standing orders signed by a company physician.

Should it be the responsibility of a nurse to advise the applicant who is rejected for employment the

reason for his rejection, and what his handicap is?

There were many controversial discussions on this particular point. Some felt that the examining physician was responsible for advising the applicant about his defects; others that the nurse could do it in some instances; but it was the consensus of opinion that the applicant, after rejection, should be told the reason.

Should the nurse be expected to do anything else beside nursing when she is employed in industry?

This also brought up a controversy. Many felt that a nurse should not be expected to do anything that was not directly related to nursing. Others felt that many industries were too small to hire a full-time industrial nurse, and could only justify the expense of a nurse by having her take over other duties. As long as the nurse does miscellaneous duties for a short period of time, until she can prove to the management that, no matter how small the plant is, it would profit by full time nursing service, she should do miscellaneous work. However, any industrial nurse who would do an assortment of duties for any long period was in the wrong field.

DR. MILTON H. KRONENBERG, who so ably led the discussion, was quite interested in knowing what was being done on the subject of nutrition. In industry medical departments are not taking an overly active interest in nutrition. Most nurses put up posters giving advice on diets as requested, consult with cafeteria managers, and do an assortment of odd duties on nutrition, but very few have a planned nutrition program. More interest is being taken in nutrition, however, and by the next convention we should have some excellent reports on this.

DR. KRONENBERG pointed out that state nutritionists and consulting nutritionists are available, and that nurses should make use of them, and call on them for consultation service, pamphlets and other material.

The discussion ended when MRS. SEABROOK presented MRS. BETHEL MC GRATH, who has just recently been appointed Consultant Industrial Nurse for N.O.P.H.N. MRS. MC GRATH outlined a planned health program for industry, and stated that at any time industrial nurses had problems they were free to call on her for help.

Industrial Medicine in the News

Merck & Co., Inc.

AT the Merck & Co., Inc., plant in Rahway last week a man in an acute state of shock was carried on a stretcher into the plant's medical department. Three doctors immediately were at his side. Without proper care he would have died within 15 minutes. Had the doctors been forced to leave him seven minutes without adequate attention, the harm would have been irreparable. Instead, they clamped on a nose and mouth piece supplying oxygen, took a blood sample and sent it to the laboratory for analysis. Every half-hour thereafter a blood analysis was taken to determine progress of the case, and the man eventually was sent to a hospital.

Nurses went back to treating minor cuts and bruises and routine services entailed in handling between 1,400 and 1,500 cases a week. Under DR. J. M. CARLISLE, the organization has, since 1935, developed a well-organized program of health supervision conducted under trained and experienced physicians, nurses and associated workers.

Operating on an elastic budget of about $25 per employee per year, the plant's health department is, according to plant officials, "paying real dividends in demonstrable benefits to the workmen and to the company."

There are five doctors and a toxicologist available 24 hours a day; five nurses on the day shift, three male nurses on the night shift, a physical therapy technician and assistants. The plant's chemical work sometimes is dangerous; its factory work is arduous. The health department aims at providing healthy workers for jobs to which they best are fitted.

To this end it gives a thorough physical examination, from toe to toupee, and in addition records the industrial history of the applicant. It types blood, gives a chest x-ray, Wassermann and urinalysis. If the physical condition of the new employee requires, it suggests a different job, and it advises employees to go to the health department early and often when they aren't feeling up to snuff.

Time was, says MRS. ELEANOR SOBOLEWSKI, head nurse, when it was necessary to phone workers to return for follow-up treatment. Now if they are being taken care of for so small a thing as a paper cut they'll return until the case is closed. The health department, which believes in the importance of little things, wants them back.

It has a physical therapy setup that would torture many a hospital with envy. A new $700 diathermy machine has just been installed. A semi-circular body baker eases muscle strains and inflammations with its luminous heat produced by carbon filament bulbs.

A worker with an injured thumb has rolled up his sleeve and put his arm into the warm water whirlpool bath. Compressed air is circulated under the water which it swishes round and round to give gentle underwater massage.

Posture faults can be corrected at the stall bar for exercises. A scientific finger, wrist and elbow exercise table stands in one corner and a shoulder wheel in another. An abscess, treated by a doctor or nurse with a wet Cooley compress may be given heat by a rubber heating pad controlled by a rheostat, with no danger of electric shock; or the doctors may order ultraviolet ray lamp treatment in which case the local irradiation lamp is used. REX MCMORRIS, technician trained at Mayo Clinic, is in charge of the various equipment for electro-thermo-, hydro- and mechano-therapy.

Not paternalistic, the firm immediately sends to private doctors any employee suffering from an illness not contracted on the job. On the basis of sound business, it insists on regular periodic examinations while in the plant's employ and on closure examinations when an employee leaves. Compensation requirements entirely justify this thoroughness from a practical standpoint, say officials.

Above and beyond such practical considerations are those of plant morale and psychological help to employees, now notably to women whose husbands have been called to the armed services. MRS. SOBOLEWSKI, whose own husband is in the Air Corps of the Army, often gives plain talk or a willing ear instead of pills to visitors to the dispensary. "They really don't want sympathy," she says, "and we don't mollycoddle them. We just give them a chance to talk things over with someone if they want to, let them get it out of their systems, and usually they feel much better for it."

She told of advising foremen to "keep-so-and-so on easy work today, his wife's just been operated on." In the often dangerous work at the chemical plant, these suggestions are taken as good sound business.

Newark *(New Jersey) News*, September 24, 1942.

The Small Plant

DOCTORS and nurses, hired in larger numbers than ever before to keep war factories humming, are recognizing the psychological importance of a willing ear and a kind word. "Sensible sympathy," not a form of mollycoddling, is finding favor because, while it means many things to workers, to management it means increased production At a small plant—the Regina Corp. in Rahway—last week this purpose of the dispensary was discussed with MISS MARIE STOTESBURY, R. N. She said: "We give out much more talk than pills and this talk is as important as aspirin or tablets for colds." The plant, which was converted this year to full war work, has about 60% women employees, many of whom have husbands in in-

Newark (New Jersey) News, September 25, 1942.

dustry or the armed services. This situation naturally develops anxieties for those whose husbands are going overseas or for those whose children are at home without proper supervision. "We recommend a couple of days off for women whose husbands are about to leave the country," MISS STOTESBURY says, "and we find it helps a lot. They come back willing and eager to work, whereas before they were worrying so much they were of much use." Their illnesses fall generally into a few types: Skin infections from steel chips, for which MISS STOTESBURY has a standing order from the doctor on call to administer tetanus antitoxin; eye injuries from steel splinters, and a miscellany of common colds and dental and tonsil trouble. MISS STOTESBURY gets in some effective self-help work when she talks employees into having their teeth attended to or their tonsils removed. "They just need a little push," she says. "Before they couldn't have the work done because they didn't have the money, but now they haven't that excuse and it doesn't take much to convince them it'll do a lot of good in the long run to get fixed up." In addition to being a social welfare bureau, MISS STOTESBURY, like her many counterparts throughout the state, prepares accident reports for monthly safety meetings. In April, the first month of operation of the dispensary, there were 20 cases of eye injury; in August the figure was 3. There has been similarly, a sharp reduction in the number and severity of infections from steel chips and splinters, partly because workers are trained to report for immediate care; partly because of the general increase in attention to health matters, and partly because of the great emphasis on cleanliness.

Internships in Industry

A DEVELOPMENT of timely interest in post-graduate industrial medicine courses is the month's "internship" in the medical departments of industrial establishments which the LONG ISLAND COLLEGE OF MEDICINE, Brooklyn, has arranged following its two-weeks' course of lectures and clinics from November 2 to November 13. Plans have been completed to provide opportunities for additional supervised training in the medical departments of 11 selected industrial organizations between November 16 and December 12. Physicians serving these "internships" may thus obtain experience according to their interests and preferences. They will also better prepare themselves to accept the numerous positions awaiting trained doctors in the industrial field. The companies which have offered to accept one or more "interns" for training are: American Cyanamid Company, Calco Chemical Division, Bound Brook, New Jersey; American Telephone and Telegraph Company, New York City; Bell Laboratories, New York City; Brooklyn Union Gas Company, Brooklyn, New York; Consolidated Edison Company, New York City; Corn Products Refining Company, Argo, Illinois; Dow Chemical Company, Midland, Michigan; Merck & Co., Inc., Rahway, New Jersey; New Departure Division, General Motors Corporation, Bristol, Connecticut; New York Telephone Company, New York City; Republic Aviation Corporation, Farmingdale, Long Island. Applications have been received from physicians in New York, Massachusetts, New Jersey and Pennsylvania. Up to mid-October applications were about evenly divided between physicians with and physicians without industrial connections. Typical of the kind of "internship" training which will be provided is the program set up by DR. JOHN J. WITTMER, Medical and Personnel Director of Consolidated Edison. DR. WITTMER is co-chairman with DR. CASSIUS H. WATSON, Medical Director of American Telephone and Telegraph Company, of the Advisory Committee of industrial physicians and experts established to give the College counsel on the planning of this course, which is the first it has offered in this field. Both DR. WITTMER and DR. WATSON are alumni of the College. The Consolidated Edison plan provides for the "Intern" to take his month's training in one or more of the 11 dispensaries of the company in greater New York. Some of the work will be done in the company's central medical department. The program for the month is as follows:

First Week

Monday	— Medical Clinics.
Tuesday	— Surgical and Accident Treatment Clinics.
Wednesday	— Surgical and Accident Treatment Clinics.
Thursday	— Industrial Nursing Procedures.
Friday	— Medical Record Keeping.

Second Week

Monday	— Eye Specialist.
Tuesday	— E.N.T. Specialist.
Wednesday	— Diagnostic Specialist.
Thursday	— Physiotheraphy Service.
Friday	— Dermatological Specialist.

Third Week

Monday	— Industrial Accident Case Supervision.
Tuesday	— Medical Administration.
Wednesday	— Medical Administration.
Thursday	— First Aid Station Inspection —Plant Hygiene Survey.
Friday	— Layout and Furniture of Medical Bureau.

Fourth Week

Monday	— Absenteeism Control.
Tuesday	— Medical Statistics.
Wednesday	— Cooperation with Safety Engineer—Resuscitation Instruction.
Thursday	— Compensation Law.
Friday	— Medical Clerical Procedures.

Indiana

A RESOLUTION suggesting that state Procurement and Assignment Committees be given authority to dislocate physicians not eligible for military service, and to assign them to war industries and to war boom areas, highlighted the meeting of the Committee on Industrial Health, which occurred during the French Lick session on Wednesday morning, September 30. The resolution also called for cooperation of the various interested committees of the association together with the Bureau of Industrial Hygiene of the Board of Health, the Indiana University School of Medicine, and the industries to be affected, to the end that a plan for post-graduate education in Industrial Health be provided to meet the growing demands of war industry.

DR. ORLEN J. JOHNSON, of the Council on Industrial Health of the American Medical Association, called upon the committee to furnish the pattern for the nation for the procurement, training, and placement of physicians to serve in essential industries. He suggested that lists of physicians who have designated a preference for industrial appointments on their Procurement and Assignment questionnaires should be furnished by the Procurement and Assignment Service. He stated that these physicians can be given a two- to four-week training in industrial medicine, and that the Committee on Industrial Health of the Indiana State Medical Association might well seek the cooperation of the Bureau of Industrial Hygiene of the State Board of Health and the Indiana University School of Medicine.

DR. C. D. SELBY, of Detroit, chairman of the Industrial Health and Medicine Committee of the Procurement and Assignment Service, . . . reminded the committee that non-occupational illness is responsible for most of this loss in production, and that all physicians—not just those engaged in industry—must be trained to reduce these losses by preventive medicine, and by making every effort to get industrial workers back into their plants with as little delay as possible. Dr. Selby said that most physicians do not understand the problems of industrial medicine, and that when it becomes necessary to draw upon older physicians and those who have been rejected for military service, training programs must be provided.

COLONEL J. G. TOWNSEND, chief of the Division of Industrial Hygiene, United States Public Health Service, described several plans already set up for post-graduate education, but agreed with Dr. Johnson that the best plans would probably include intensive courses provided by the medical schools with the cooperation of state board of health bureaus of industrial hygiene, state medical associations, and the war industries. Colonel Townsend told the committee that the problems of medical service for essential industries and for boom areas created by war industries can be solved by organized medicine, but, if the job is not done, "We will do it."

Asked to describe the "Michigan Plan," Dr. Selby stated that physicians who have indicated industrial medicine as their choice on their questionnaires are divided into two groups, (1) qualified men, and (2)

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those who can be trained. The qualified men are placed in industries having a need for them, and the balance are given a training course which includes a week of didactic work, a week in the field with the State Board of Health Bureau of Industrial Hygiene, and a week or more of work in a designated industry.

Industrial Health Committee

THIS committee (Industrial Health) is one of the newer ones in the long list of standing committees of the Indiana State Medical Association, and from year to year it has assumed more and more importance. It is our belief that during the coming year we will have discovered that the Committee on Industrial Health is the most important and the most vital committee of our entire list. Industry, big and little, has come to recognize the importance of the health of employees, not only in so far as it relates to the various industrial-disease hazards, but to their general well-being as well. Some of our larger industries have built up a large medical organization, one of whose functions is to look after the health of employees. Long ago Henry Ford visualized this problem and at the Ford Hospital, in Detroit, maintained a large organization of medical men whose chief job was to see that Ford employees maintained good health in a high degree. Since the enactment of laws in many states relating to compensation for occupational diseases, the matter has assumed much greater importance and the medical profession has come to realize that it has an important role to play in the drama. Not only do we have to do our part, but we must be on the alert to see to it that "our rights"—if we have any—are preserved. We want to give all in our power to further this valuable addition to industrial economics, at the same time we want to be certain that we still maintain control over the purely professional phases of the various problems present. . . . At the French Lick meeting the breakfast meeting of the committee was an outstanding feature of the convention; it was largely attended and the greatest of interest was shown in the doings. . . . So it is that we say this committee has an important job before it; each member of the committee must be willing to sacrifice some time in getting the wheels going round. To our notion, the naming of this committee is one of the big jobs of the incoming administration, and second in importance is the naming of an official secretary to the committee—and this man must be an organizer! The work-sheet of the committee will be a big one, and in its planning every conceivable aid should be sought.

Industry wants help and that help will have to be had from one or two sources, either from the state medical groups, or from the U. S. Public Health Service—we much prefer that the medical profession write their own ticket in this matter!

Problems in Industrial Nursing

—Loyola University School of Medicine—

A COURSE in Problems in Industrial Nursing is being offered by the Loyola University Medical School, Department of Public Health and Preventive Medicine. It began November 2, 1942. Classes meet on Mondays, 8:00 P.M., at Loyola University College, 28 North Franklin street, Chicago, Illinois.

This course was developed in response to a request from nurses in the Chicago area doing industrial nursing, and was made possible by a grant from the U. S. Public Health Service. It will consist of a series of 12 lectures dealing in a practical way with the problems to be met by the nurse in industry. Lectures will be given by local leaders in the field of industrial hygiene. The program follows:

November 2. Orientation in Industrial Health—JOSEPH H. CHIVERS, M.D.

November 9. Records and Their Use—MISS JOANNA M. JOHNSON, R.N.

November 16. Compensation Laws—FRANK M. PEREGRIN.

November 25. Problems of Women in Industry—MILTON H. KRONENBERG, M.D.

November 30. Use of Community Resources—MISS JOAN Y. ZIANO, R.N.

December 7. Diet and Nutrition—MISS MARIE DOHM, A.B., M.A.

December 14. Mental Hygiene—JOHN MADDEN, M.D.

December 21. First Air—FREDERICK W. SLOBE, M.D.

January 4. Safety Programs in Industry—JOHN F. JONES.

January 11. Major Causes of Illness: Control Programs—C. O. SAPPINGTON, M.D., Dr. P.H.

January 18. Evaluation of the Industrial Health Program—VOLNEY S. CHENEY, M.D.

January 25. Final Examination—DOROTHY MCDONALD, M.D., in charge.

Nursing Education in Industrial Health

—University of Chicago—

UNIVERSITY of Chicago has established a course in Nursing Education in Industrial Health with the objectives, methods, and content following. The headquarters are at 18 South Michigan Avenue, and the lectures are given on Wednesday evenings, at 7:50, on dates September 30 to March 17 as indicated.

OBJECTIVES—To help students:

Gain an understanding of the important factors which have played a part in the development of present-day health programs in industry.

Gain an understanding of the organization and administration of the health program within the industry.

Become acquainted with health hazards in industry and methods of their prevention and treatment.

Gain an understanding of the essential elements of a health program in industry and of the role of the nurse within this program.

Gain an understanding of the desirable qualifications for the health personnel in an industrial health program.

METHODS: (1) Lecture. (2) Discussion. (3) Special assignments. (4) Reference readings.

CONTENT:

Historical survey of the development of health programs in industry—DR. CARL M. PETERSON, Secretary, Council on Industrial Health, American Medical Association. (Two Lectures, September 30 and October 7.)

A study of the problems arising in this, our so-called, "industrial society."

(b) Development of legislative measures to meet these problems—workmen's compensation, insurance plans, etc.

(c) Development of plans within industry for employee benefits.

(d) A discussion of the increasing awareness on the part of the employer of his responsibility for the welfare of the worker.

(e) A discussion of the increasing appreciation on the part of the employer of the social and economic benefits of the industrial health program.

The Division of Industrial Relations—M. T. ALDERMAN, (a) Functions. (b) Organization. (c) Modern Personnel Practices. (Two Lectures, October 14 and October 28.)

Organization and Administration of the Health Program in Industry—DR. CARL M. PETERSON. (a) Types of organization and administration. (b) Personnel. (c) Relationships with: Management and other departments within industry; workers, workers' associations, clubs, etc.; community; Federal, state local agencies. (One Lecture, October 21.)

The Physician and the Health Program.

Remedial and rehabilitation activities.

Accidents and non-occupational disabilities—DR. CARL M. PETERSON. (One Lecture, November 4.)

Recognition and control of occupational diseases. (Will deal with the industrial problems related to dust, solvents, heavy metals, etc.)—DR. C. O. SAPPINGTON, Industrial Consultant. (Three Lectures, November 18, November 25 and December 2.)

Health supervision and education, including the health examination—DR. A. G. KAMMER, Medical Director, Inland Steel Company, East Chicago, Indiana. (One Lecture, November 11.)

Principles of industrial hygiene with relation to general problems of adult hygiene, including: (1) Communicable diseases; tuberculosis, syphilis, etc.; (2) Mental hygiene, (3) nutrition, (4) housing—DR. M. W. KRONENBERG, Director, Division of Industrial Hygiene, Illinois State Department of Public Health. (One Lecture, December 9.)

End of first term and examination.

THE Industrial Hygiene Engineer—WARREN A. COOK, Division of Industrial Hygiene and Engineering Research, Zurich General Accident and Liability Insurance Company. (a) Engineering control of occupational diseases. (b) Plant sanitation. (One Lecture, January 6.)

The Safety Engineer—REUBEN FORNEY, Director, Industrial Safety, National Safety Council. (a) Control of occupational accidents. (b) Accident records and statistics. (One Lecture, January 13.)

The Nurse and the Health Program and her Functions—MISS MARY M. DUNLAP, Assistant Professor, Nursing Education, University of Chicago. (a) Health examination. (b) Occupational disease. (c) Communicable disease and other illness. (d) Occupational accidents. (e) Mental hygiene aspects. (f) Plant sanitation and housekeeping. (g) Health education. (Seven Lectures, January 20 to March 3.)

Records and statistics—MISS JOANNA JOHNSON, Supervisor, Industrial Nursing Division, Employers Mutual Liability Insurance Company. (One Lecture, March 10.)

Preparation and Qualifications of the Public Health Nurse in Industry—MISS MARY M. DUNLAP. (One Lecture, March 17.)

Conferences and Clinics

Illinois

HEALTH of Industrial Workers" is the subject of the Rockford Conference, held at the Faust Hotel, Rockford, November 4, under the auspices of Winnebago County Medical Society, Rockford City Health Department, and Manufacturers and Shippers Division Rockford Chamber of Commerce, in cooperation with the Committee on Industrial Health of the State Medical Society, the Illinois Manufacturers Association, the Rockford Industrial Nurses Association and the Illinois Division of Industrial Hygiene. The following program was presented:

Afternoon

DR. EDWIN G. QUATTLEBAUM, chairman Industrial Hygiene Committee, Winnebago County Medical Society, presiding:

"Objectives of the Conference"—DR. M. H. KRONENBERG, Chief, Division of Industrial Hygiene, Illinois State Department of Public Health.

"We Have a Job to do to Improve the Health of Industrial Workers" — DR. HAROLD VONACHEN, Medical Director, Caterpillar Tractor Company, Peoria.

"Why Do Employees Stay Away from Work?"—Causes and Control of Absenteeism—(a) A. T. COURT, Labor Economics Section, General Motors Corporation, Detroit. (b) DR. MAX R. BURNELL, Medical Director, AC Spark Plug Division, General Motors Corporation, Flint, Michigan.

"Fatigue in Industry"—DR. EMERY R. HAYHURST, Industrial Health Consultant, Columbus, Ohio.

Evening

DR. A. M. SWANSON, president, Winnebago County Medical Society, presiding:

Toastmaster IRL C. MARTIN, president, Woodward Governor Company.

"Are You Fit for Tomorrow? Is Your Heart Next?"—DR. N. S. DAVIS, III, Cardiologist, Chicago.

"The Problems of the Industrial Nurse"—HARRY GUILBERT, Director of Safety and Compensation, Pullman Company, Chicago.

Massachusetts

AT THIS year's annual meeting of the Associated Industries of Massachusetts, held in Boston, October 29, a two-hour round table on Health in Industry was an afternoon feature. ERNEST F. STOCKWELL, President, Barbour-Stockwell Company, Cambridge, and Secretary, New England Foundrymen's Association, was Chairman, and the speakers included:

"The Health of Our Industrial Soldier" — VICTOR G. HEISER, M.D., Consultant, Committee on Healthful Working Conditions, National Association of Manufacturers.

"Management's Obligation" — ANDREW FLETCHER, Vice-President and Treasurer, St. Joseph Lead Company, New York City.

"Labor's Obligation" — ROBERT J. WATT, International Representative, American Federation of Labor, Member, National War Labor Board.

"Government's Obligation" — WARREN F. DRAPER, M.D., Assistant to the Surgeon General, U. S. Public Health Service.

"Medicine's Obligation" — G. H. GEHRMANN, M.D., Medical Director, E. I. du Pont de Nemours & Company, Wilmington, Delaware.

Remarks — DWIGHT O'HARA, M.D., Chairman, Committee on Industrial Health, Massachusetts Medical Society:

Discussion:

MANFRED BOWDITCH, Director, Massachusetts Division of Occupational Hygiene, Discussion Leader.

IRVING W. REYNOLDS, Vice-President, The Foxboro Company, Foxboro.

THOMAS O. ARMSTRONG, Supervisor Industrial Relations, Westinghouse Electric & Manufacturing Company, Springfield.

W. IRVING CLARK, M.D., Director of Personnel, The Norton Company, Worcester.

CATHERINE R. DEMPSEY, R.N., Hospital Department, Simplex Wire & Cable Company, Cambridge; President, American Association of Industrial Nurses.

"Victory Through United Effort"—STEPHEN E. WHITING, Consulting Engineer, Liberty Mutual Insurance Company, Boston.

Wisconsin

WISCONSIN's Post-graduate Industrial Medical and Surgical Clinic will be held November 17, at Hotel Schroeder, Milwaukee. Under the auspices of the Committee on Industrial Health and the Council on Scientific Work of the State Medical Society, DR. FRANCIS D. MURPHY has prepared the following program:

Morning

DR. GUNNAR GUNDERSEN, La Crosse, chairman, Committee on Industrial Health, presiding:

Introduction by the chairman outlining the significance of the meeting.

"The Physician's Responsibility Under the Workmen's Compensation Act" — HARRY A. NELSON, director, Workmen's Compensation Division, Industrial Commission.

"The Evaluation of Disability in Industrial Injuries"—DR. MERRITT L. JONES, Wausau.

"Knee Joint Injuries and Their Treatment"—DR. JAMES R. REGAN, Milwaukee.

"Poisons in Industry"—DR. ELSTON L. BELKNAP, assistant clinical professor, Marquette University School of Medicine, Milwaukee.

"The Handicap of Hernia in Industry"—DR. RAYMOND W. MCNEALY, associate professor of surgery, Northwestern University Medical School, Chicago.

"Reduction of Disabilities in Fracture Management"—DR. CHESTER C. SCHNEIDER, Milwaukee.

"Traumatic Shock"—DR. CARL W. EBERBACH, assistant clinical professor of surgery, Marquette University School of Medicine, Milwaukee.

"Hospital Facilities and Inadequacies during the Accelerated Program" — DR. HARRY W. SARGHANT, superintendent, Milwaukee County Hospital, Milwaukee.

Round-Table Luncheons

THE Standard Outline Use in Estimating Disability"— DR. MERRITT L. JONES, Wausau.

"Injuries and Dislocation of the Shoulder" — DR. JAMES R. REGAN, Milwaukee.

"Poisons in Industry"—DR. ELSTON L. BELKNAP, Milwaukee.

"Crushing Injuries to the Feet"—DR. CHESTER C. SCHNEIDER, Milwaukee.

"Traumatic Abdominal Injuries"—DR. RAYMOND C. MCNEALY, Chicago.

"Wounds of Soft Parts and Their Management" — DR. CARL W. EBERBACH, Milwaukee.

"Skull Fractures"—DR. HARRY E. MOCK, Chicago.

"The Coronary Artery in Industry"—DR. NEWELL C. GILBERT, Chicago.

"Rehabilitation Following Fractures"—DR. HERMAN C. SCHUMM, Milwaukee.

"The Physical Examination in Industry"—DR. RUSSELL M. KURTEN, Racine.

Afternoon

INJURIES to the Scalp, Skull and Brain" —DR. ERWIN R. SCHMIDT, professor of surgery, University of Wisconsin Medical School, Madison.

"Refrigeration Anesthesia in Amputations" — Anatomical and Constitutional Aspects in Differential Diagnosis of Low Back Pain—DR. HARRY E. MOCK, Chicago.

"Anatomical Considerations in Back Injuries"—DR. EBEN J. CAREY, dean and professor of anatomy, Marquette University School of Medicine, Milawukee.

"Heart and Industry"—DR. N. C. GILBERT, professor of medicine, Northwestern University Medical School, Chicago.

"Common Fractures and their Treatment"—DR. HERMAN C. SCHUMM, associate professor of orthopedic surgery, University of Wisconsin Medical School; clinical professor of orthopedic surgery, Marquette University School of Medicine, Milwaukee.

"Intervertebral Disc Diseases" — DR. JOHN O. DIETERIE, Milwaukee.

"Therapy of Burns"—DR. STEPHEN E. GAVIN, Fond du Lac.

"Neuritis Following the Use of Serum"—DR. JOHN L. GARVEY, clinical professor of neurology, Marquette University School of Medicine, Milwaukee.

"Ear and Eye Complications of Cranio-Cerebral Injuries"—DR. WILLIAM E. GROVE, Milwaukee.

Evening

HEALTH in Industry" — WILLIAM D. JAMES, president, James Manufacturing Company, Fort Atkinson.

"Sickness Absenteeism in Industry"—ANDREW T. COURT, General Motors Corporation, Detroit.

Chronic Fatigue States

WHILE the knowledge of the physiology of fatigue is vague, we have made some progress in uncovering its etiology, for complaints of fatigue are notoriously common, are often associated with organic disease, and sometimes may explain the persistence of symptoms long after recovery from other physical illness. Fatigue states can be roughly divided into two groups: The worker of whatever type, whose energy is lessened and whose efficiency is decreased as a result of long continued effort; and the individual whose energy expenditure is little, but who is always tired and exhausted, and who is never able to accomplish a great deal.

The first group has been the object of very extensive studies by physiologists and those interested in industrial medicine. A very excellent paper was recently published by Ivy, one portion of which dealt with the subject we are attempting to discuss. He stated that an ordinary workman with an adequate diet was capable of performing a certain amount of work, which varied somewhat but represents an efficiency of about 10%. As might be expected there were many modifying factors, among which were the type of work performed, the monotony and the opportunity for recuperation. Efficiency was considerably increased when short periods of rest were given, and fell off when more than 60 hours of work a week were performed. Even here there was a strong psychologic element. The performance of a monotonous task in which the worker had little interest was apt to be tiring, while work behind which there was a driving urge to complete and in which the worker had an intense interest was much less so. This has been exploited to a considerable degree both in Germany and Russia where production for the state has been built up into a fanaticism that amounts to a religious fervor. But even there it was found that when the hours of work were too many, there was a steady falling off of production and a rise in the number of accidents, so that even in the Reich the number of hours has been reduced, and holidays given. Ivy noted further that a level of efficiency was increased and maintained when enforced rest periods, with an opportunity to take some food were given though there was some evidence that the effect of food was probably psychological. Another factor of considerable interest was that fatigue seemed lessened in men doing heavy labor when their drinking water was salted. Possibly the loss of chloride may play a rather important part.

The average physician probably has had little personal experience with chronic fatigue in industry, and that largely in patients who were probably exhausted from "hell-raising" around night clubs after getting off from work; but there are two other groups who present the syndrome quite frequently: the small farmer who owns his own land and does most of his work, but whose income will not permit of the acquisition of labor saving machinery; and women who work long hours in stores, take care of their own housework and care for children after returning home in the evening. The second division comprises a heterogeneous collection of individuals who complain of fatigue, though they expend little energy. In the beginning we must remember that early exhaustion and a pathologic tendency toward becoming tired may be part of the clinical picture of organic illness, especially heart disease, nephritis and certain psychoses. Organic disease and chronic fatigue states may be co-existent, and one so overshadows the other that recognition of the clinical picture may be very difficult. If these can be excluded there will still remain a number of patients who are not ill but who complain of a lack of initiative and a failure of performance; and a second group in whom a desire for activity is present but in whom there is a lack of effectiveness. These are the people who tell us "I want to be active, I have my work to do, but I cannot get it done." They represent the borderline cases who, according to Muncie, may be divided into endocrine metabolic disorders; post-infectious states and the emotional states and attitudes usually rather loosely grouped under the term neurasthenia.

From an article on the subject by J. C. METTS, M.D., Savannah, in *J. Med. Assoc. Georgia*, August, 1942.

INDUSTRIAL NURSES NEEDED!

Such a heading on an advertisement three or four years ago would have invited a stampede of applicants for positions available.

Times have changed, however, and we realize full well that we will not be deluged with inquiries about appointments in industrial nursing. There are just not enough nurses to go around!

We are hoping, however, that we may reach some nurses who are not employed at present, or who are dissatisfied in their present positions. We have some interesting opportunities available which we would like to tell them about.

Our service is well-established (1896), and we invite you to send for our application form.

Aznoe's-Woodward Medical Personnel Bureau

Ann Ridley Woodward, Director
30 North Michigan, Suite 422-I
Chicago, Illinois

—Continued from page 555.

me, I will reflect credit upon it." . . . . THE three points of view—management's, physician's and employee's—as to the Importance of the Nurse in Industry (page 561) constitute the lectures of the opening evening of the Symposium on Industrial Nursing given by The Greater Boston Branch of the New England Division of the American Association of Industrial Nurses. Of the further developments of this Symposium, more later. BETHEL MC GRATH, whose "The Nurse's Function" appears on page 560, was recently appointed Consultant Industrial Nurse for the National Organization of Public Health Nurses . . . AS NOTED on page 566, Industrial Medicine is beginning to get into the newspapers. . . . AND so, tardy to press! Seven men from our printer's working force went into the Army and Navy within the five working days of last week. Others are going soon, either into the Service or into war production. We, like everyone else, shall make the best of it—proud and happy that *now* "United We're on the Move!"

WESTINGHOUSE MEDICAL SERVICE
FOR SIX-MONTH PERIOD ENDED JUNE 30, 1942

WORKS	Average Number Employees	Sick Cases	Disabling Accidents	Minor Inurires		Surgical Treatments	Medical Treatments
				Total	Per Employee		
Baltimore	2,182	1,251	23	5,139	2.3	9,601	562
Canton	1,785	2,546	5	3,515	1.9	6,423	2,499
Cleveland	1,025	173	10	1,392	1.3	2,700	1,048
Derry	571	59	2	367	.65	575	544
East Pittsburgh	24,234	4,152	108	31,728	1.3	59,593	41,476
East Springfield	4,193	177	4	5,178	1.2	6,929	2,030
Elevator	1,322	433	17	1,996	1.5	6,196	3,441
Lamp	6,508	590	10	3,531	.55	14,863	12,805
Lima	2,879	55	8	6,152	2.1	7,753	3,463
Louisville	1,451	183	31	2,460	1.7	4,468	2,741
Mansfield	3,519	155	15	6,618	1.9	10,217	3,507
Marine	1,266	39	19	2,150	1.7	3,757	840
Newark	2,822	72	3	3,586	1.3	6,776	5,200
Nuttall	1,075	481	3	4,287	4.0	7,216	3,229
Sharon	5,680	1,951	17	8,727	1.5	16,752	7,991
South Philadelphia	8,441	425	60	18,635	2.2	34,769	10,373
Total	68,953	12,742	335	105,461	1.5	198,588	101,749
Same Period 1941	52,203	7,811	305	73,933	1.4	122,931	67,087

From *Westinghouse Safety News*, October, 1942.

The TIME Factor in Burns

NOV. 30

DEC. 10

DIAGNOSIS:
Second degree burn of dorsum of hand, with slight third degree involvement.

TREATMENT:
Cleansing and dressings with White's Vitamin A and D Ointment.

RESULT:
Healing without infection. Complete restoration of function. Both color photographs are unretouched.

WITH time at a premium during these days of pressure, the period of recovery from burns and wounds is important.

When you use White's Vitamin A and D Ointment in the treatment of severe burns and other slow-healing lesions, you will be impressed with the rapidity of healing.

This method of therapy encourages rapid, healthy granulation and epithelial repair. It avoids the contractures of coagulant therapy. The absence of secondary infection which aids more rapid return of function, is one of the usually noted features of treatment with White's Vitamin A and D Ointment.

White's
VITAMIN A & D OINTMENT

contains Vitamin A and D, derived from fish liver oils, in a suitable excipient. It is a pharmaceutically elegant compound, possessing a lasting pleasing odor — remains stable and does not develop rancidity.

Supplied in four convenient sizes: 1.5 oz. tubes, 8 oz. and 16 oz. jars, 5 lb. containers.

Our Medical Director will be glad to receive your inquiry concerning any phase of the use of this product. Write White Laboratories, Inc., 113 No. 13th Street, Newark, N. J.

Note to Medical Directors:

Today's necessity for reducing lost man-hours and increasing employee well-being emphasizes again the importance of suitable vitamin regimens for many industrial workers. White Laboratories occupies an enviable position in the vitamin field. Our extensive line of vitamin preparations makes possible a procedure suited to individual needs. We invite consultation on the possibilities of such a program.

Provides 5 Essential Benefits in Burn Therapy

In a series of 1800 burn cases a recent investigation* emphasizes five essential benefits in burn therapy provided by the "triple-dye" method:

1. To give immediate comfort to the patient by excluding air from the burned surface.
2. To decrease loss of body fluids from these surfaces.
3. To prevent further trauma to the injured tissue cells.
4. To lessen the infection, thereby decreasing the scar.
5. To obviate the necessity of repeating painful dressings, thus lowering the cost of treatment.

DYMIXAL

The "Triple-Dye" Treatment for Burns

Supplied in two forms:

Jelly Dymixal—particularly adapted to first-aid kits—in 2 oz. tubes.

Powder Dymixal—for preparing solutions to be sprayed—in bottles of 6.5 grams and 65 grams.

Write for complete descriptive literature.

McNeil Laboratories
Incorporated

Philadelphia - Pennsylvania

*Martin, J.D.Jr., South.M.J. *35*:513 (May) 1942.